Effective December 29, 1999													5
CLAIMS AS FILED - PART I (Column 1) (Column 2)										NTITY	OR	OTHER SMALL	
FOR			NUMBE		NUMBER EXTRA			E [	FEE		RATE	FEE	
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			minus 20= * %			76		X\$ 9	)=		OR	X\$18=	468
INDEPENDENT CLAIMS minus 3 = *					3 = *	4		X39	=		OR	X78=	812
MULTIPLE DEPENDENT CLAIM PRESENT									_			+260=	710-
* If the difference in column 1 is less than zero, enter "0" in column 2								+130 TOT/	_		OR OR	TOTAL	1/100
CLAIMS AS AMENDED - PART II									,_ I		UN	OTHER	THAN
		(Colur			(Column		(Column 3)	SMA	LL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	•	=	X\$ 9	)=		OR	X\$18=	
	Independent	*		Minus	***		=	X39	= [		OR	X78=	
	FIRST PRESE	NIATION	N OF MC	LIPLE DEF	PENDENT C	LAIM		+130	)=		OR	+260=	
					-			TO ADDIT. I	TAL	÷	OR ,	TOTAL ADDIT. FEE	
,	Land and the second a	(Colur			(Column		(Column 3)						
AMENDMENT B	REM A		LAIMS MAINING FTER NDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18≈	
	Independent	ENTATION OF N		Minus	***	1 0114	=	X39	=		OR	X78=	
	I INST FRESE	MIMION	TOP IVIL	VEHICLE DE	ENDENTO	LAIIVI		+130	)=		OR	+260=	
								TO ADDIT. I	TAL			TOTAL ADDIT. FEE	<del></del>
		(Colur			(Column	2)	(Column 3)	ADDIT.				ADDIT. FEE	
AMENDMENT C		CLA REMA AFT AMENE	INING ER		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent			Minus	***		=	X39			OR	X78=	
<u> </u>	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEI	PENDENT C	LAIM		+130	_			+260=	<b></b>
	If the entry in colu	mn 1 is le:	ss than th	ne entry in colu	ımn 2, write "0	" in colu	umn 3.	TO	TAL		OR	TOTAL	
•••	If the "Highest Nu "If the "Highest Nu The "Highest Nun	mber Prev	viously Pa	aid For" IN TH	IS SPACE is le	ess thar	n 3, enter "3."	ADDIT.	EE L	ropriate bo		ADDIT. FEE	L

**Application or Docket Number**